

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J36399 (0)  
1. Corporation Name  
SARVINAS, INC.

Principal Place of Business  
P.O. BOX 3802  
LONGWOOD FL 32779

Mailing Address  
P.O. BOX 3802  
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/08/1986

4. FEI Number  
59-2750271

Applied For  
Not Applicable

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1697 W Airport Blvd	26 Po. Box 3802
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 SANFORD, FL	28 LONGWOOD, FL
Zip	Zip
24 32773	29 32779
Country	Country
25 SEMINOLE	30 SEMINOLE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMMONS, CLAYTON E  
200 WEST FIRST STREET, SUITE 22  
SANFORD FL 32771

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SARVINAS, WILLIAM	
STREET ADDRESS	905 PINEWAY DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	STVP	<input type="checkbox"/> DELETE
NAME	SARVINAS, CAROL	
STREET ADDRESS	905 PINEWAY DRIVE	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SARVINAS, WILLIAM	
1.3 STREET ADDRESS	1697 W. AIRPORT BLVD	
1.4 CITY-ST-ZIP	SANFORD, FL 32773	
2.1 TITLE	STVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SARVINAS, CAROL	
2.3 STREET ADDRESS	1697 W. AIRPORT BLVD	
2.4 CITY-ST-ZIP	SANFORD, FL 32773	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 4.30.98 407-324-9386

CR2E034 (10/97)